

REQUEST FOR CENTRAL RESOURCE SUPPORT FORM
Instructions for Completion on Next Page

Section I

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ RNO Code _____ Gender _____

Pay Plan _____ Series _____ Grade _____ Major Command _____

Career Program - CP _____

Employing Activity _____

Servicing Resource Management Office _____

Type of Training _____ FT _____ PT _____

Period of Training Start _____ End _____

Section II

Cost of Training (only if applicable)

Elements of Expense	FY _____ Costs	FY _____ Costs	Total Costs
Tuition	_____	_____	_____
Travel	_____	_____	_____
Per Diem (TDY Only)	_____	_____	_____
PCS Cost (See JTR)	_____	_____	_____
Books	_____	_____	_____
FY Total	_____	_____	_____

APPROVAL: Activity Representative
Typed/Printed Name/Title/Phone Number

APPROVAL: MACOM Representative
Typed/Printed Name/Title/Phone Number

For ASA(M&RA) USE ONLY

\$ _____

Backfill SF50 Required

_____ initials

INSTRUCTIONS FOR PREPARING FORM

Section I. Self-explanatory; complete as indicated. Please give complete address for the employing activity and resource management office

Section II. Salary and benefits will no longer be reimbursed (see Revised Funding Strategy, Chapter 2). Tuition, may be paid in full at beginning of training period. Block 8a (4), Travel, must be in accordance with the JTR, Vol. II. The participant is authorized one trip to and from the training site and full per diem for that trip. **RENTAL CARS ARE NOT AUTHORIZED.** For local training the participant may be authorized reimbursement for mileage IAW the appropriate rate, for the distance that exceeds the employee's commuting distance to the regular place of work and return, along with necessary parking fees and tolls. **Per Diem**, will be computed at 55 percent of the established rate of the training location. **Partial PCS Costs**, may be authorized, at the request of the nominee, if a cost comparison documents it to be equal to or less costly to the government than 55% per diem. (Payment of expenses for local travel in and around the training site is not authorized.) **Services and Supplies**, covers various expenses relative to the training program such as: books, lab or copying fees. Purchase of computer or other equipment is not authorized. **If the training crosses two fiscal years, columns a. and b. will be completed for each fiscal year with costs prorated accordingly. Total cost of the training program will be shown in column c.**

Form(s) must be signed by a personnel representative as indicated.

****Please provide complete training office address, point of contact and telephone number (both DSN and Commercial) of the approving official to be contacted, if necessary:**
